

## CLAIMS ONLY

Application Number

10/695,620

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5						
6		/				
7		/				
8		/				
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48						
49						
50						
Total Indep	2					
Total Depend.	30					
Total Claims	32					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend.						
Total Claims						